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VIA HAND DELIVERY July 16, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Li et al.

Attny Docket No.: PF187D1C1

Application No.: 10/006,394

Group Art Unit: 1646

Filed: June 21, 2002

Examiner: M. Brannock

For: G-Protein Receptor HIBEF51

AMENDMENTS UNDER 37 C.F.R. § 1.115 AND
PROVISIONAL ELECTION WITH TRAVERSE UNDER 37 C.F.R. § 1.143

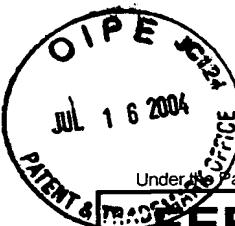
MS Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed June 17, 2004, please enter the following amendments and consider the following remarks and provisional election *with traverse*. Applicants submit concurrently herewith: (a) Fee Transmittal Sheet (in duplicate), with appropriate fee; and (b) an Information Disclosure Statement Pursuant to 37 C.F.R. § 1.56 with Form PTO/SB/08 and a legible copy of Reference AC.

Applicants respectfully request the entry of the following amendments and remarks.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)**Complete if Known**

Application Number	10/006,394-Conf. #8404
Filing Date	December 10, 2001
First Named Inventor	Yi Li
Examiner Name	M. Brannock
Art Unit	1646
Attorney Docket No.	PF187D1C1

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 08-3425

Deposit Account Name Human Genome Sciences, Inc.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for ex parte reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	950	2253	475	Extension for reply within third month
1254	1,480	2254	740	Extension for reply within fourth month
1255	2,010	2255	1,005	Extension for reply within fifth month
1401	330	2401	165	Notice of Appeal
1402	330	2402	165	Filing a brief in support of an appeal
1403	290	2403	145	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,330	2453	665	Petition to revive - unintentional
1501	1,330	2501	665	Utility issue fee (or reissue)
1502	480	2502	240	Design issue fee
1503	640	2503	320	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	385	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination or a design application
Other fee (specify)				

SUBTOTAL (1) (\$ 0.00)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

	Extra Claims	Fee from below	Fee Paid
Total Claims	9	-20** =	0.00
Independent Claims	1	-3** =	0.00
Multiple Dependent			

Large Entity**Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

** or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)**SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Mark J. Hyman	Registration No. (Attorney/Agent)	46,789	Telephone	(240) 314-1224
Signature	/M.J.H			Date	July 16, 2004